Application Data Sheet
Under 37 C.F.R. § 1.76

Application Information

Application number::

Filing Date::

Application Type::   Regular

Subject Matter::   Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::   None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title ::   SYSTEM AND METHOD FOR MESSAGE ORDERING IN A MESSAGE ORIENTED NETWORK

Attorney Docket Number::   BEAS-01452US1

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::   4

Total Drawing Sheets::   4

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name::	Yaron
Middle Name::	Y.
Family Name::	Goland
Name Suffix::	
City of Residence::	Seattle
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	2315 North First Street
City of mailing address::	San Jose
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	95131

Correspondence Information

Correspondence Customer Number ::	23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Initial 3/9/2004

Postal or Zip Code of mailing address::

Phone number::	415-362-3800
Fax Number:	415-362-2928
E-Mail address::	officeactions@fdml.com

Representative Information

Representative Customer Number::	23910	

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 U.S.C. 119(e)	60/453,603	03/11/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Initial 3/9/2004